

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	✓						51					
2		✓						52					
3		✓						53					
4		✓						54					
5		✓						55					
6		✓						56					
7		✓						57					
8		✓						58					
9		✓						59					
10		✓						60					
11		✓						61					
12		✓						62					
13		✓						63					
14		✓						64					
15		✓						65					
16		✓						66					
17		✓						67					
18		✓						68					
19		✓						69					
20		✓						70					
21		✓						71					
22		✓						72					
23		✓						73					
24		✓						74					
25		✓						75					
26		✓						76					
27		✓						77					
28		✓						78					
29		✓						79					
30		✓						80					
31		✓						81					
32		✓						82					
33		✓						83					
34		✓						84					
35		✓						85					
36		✓						86					
37		✓						87					
38		✓						88					
39		✓						89					
40		✓						90					
41		✓						91					
42		✓						92					
43		✓						93					
44		✓						94					
45		✓						95					
46		✓						96					
47		✓						97					
48		✓						98					
49		✓						99					
50		✓						100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	48							TOTAL DEP.					
TOTAL CLAIMS	48							TOTAL CLAIMS					